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Assistant to the Editor, ROBERT F. EDWARDS

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(County society secretaries are requested to notify California Medicine promptly when changes are indicated in their roster information.)

Alameda-Contra Costa Medical Assn., 6230 Claremont Avenue, Oakland 18. Meets Third Monday, 8:15 p.m., Hunter Hall, Oakland.
Pres., Grant Ellis, 2298 Durant Ave., Berkeley.
Secy., John Morrison, 333 Estudillo Ave., San Leandro.

Butte-Glenn Medical Society. Meets Fourth Thursday.
Pres., Wm. Chiapella, 184 E. Fifth St., Chico.
Secy., Rufus C. Rucker, 188 E. Fifth St., Chico.

Fresno County Medical Society, 2155 Amador, Fresno. Meets Second Tuesday, 6:30 p.m., Sunnyside Country Club.
Pres., James M. Arthur, 416 Fulton-Fresno Bldg., Fresno.
Secy., David R. Taylor, 715 Patterson Bldg., Fresno.

Humboldt County Medical Society. Meets Second Thursday.
Pres., Herman A. Iverson, 814 P St., Eureka.
Secy., Walter H. Yeider, 730 Seventh St., Eureka.

Imperial County Medical Society. Meets Second Tuesday, 8 p.m., Pioneer Memorial Hospital, Brawley.
Pres., A. A. Adames, I. V. Tuberculosis Sanatorium, Holtville.
Secy., Ernest Brock, 200 S. Imperial Ave., Imperial.

***Inyo-Mono** County Medical Society. Meets Fourth Tuesday except December, January, February.
Pres., J. Lloyd Mason, 512 West Line, Bishop.
Secy., Robert W. Denton, 611 W. Line, Bishop.

Kern County Medical Society, 2603 "G" Street, Bakersfield. Meets Third Tuesday, 7:30 p.m., Saddle and Sirloin, except June, July, August.
Pres., John K. Coker, 2603 G St., Bakersfield.
Secy., Wm. H. Moore, Jr., 2603 G St., Bakersfield.

***Kings** County Medical Society. Meets Second Monday, 8:00 p.m., Legion Hall, Hanford.
Pres., Harold J. Jacob, Corcoran.
Secy., George D. Guernsey, 214 Heinlen St., Lemoore.

Lassen-Plumas-Modoc County Medical Society. Meets on call.
Pres., Wilbur C. Batson, 224 Grand, Greenville.
Secy., Fred J. Davis, Jr., 70 S. Pine, Susanville.

Los Angeles County Medical Assn., 1925 Wilshire Blvd., Los Angeles 57. Meets First and Third Thursdays, 1925 Wilshire Blvd., Los Angeles.
Pres., J. Norman O'Neill, 1930 Wilshire Blvd., Los Angeles 57.
Secy., William F. Quinn, 1930 Wilshire Blvd. Los Angeles 57.

Madera County Medical Society.
Pres., L. A. Solberg, 115 South A St., Madera.
Secy., Lester E. Braun, 150 North 11th St., Chowchilla.

Marin County Medical Society, 1703 Fifth Ave., San Rafael. Meets First Thursday, 7:00 p.m.
Pres., Edward F. Healey, 1703 Fifth St., San Rafael.
Secy., Russell R. Klein, 1703 Fifth St., San Rafael.

Mendocino-Lake County Medical Society.
Pres., Patrick R. Allanson, 728 S. State St., Ukiah.
Secy., R. B. Smalley, 361 S. Main, Willits.

Merced County Medical Society. Meets Fourth Thursday, Hotel Tioga, Merced.
Pres., Edward A. Jackson, 2630 M St., Merced.
Secy., Max Brannan, 650 W. 20th St., Merced.

Monterey County Medical Society, P. O. Box 308, Salinas. Meets First Thursday.
Pres., Keith Corp, 11 Maple St., Salinas.
Secy., Donald Taugher, 58 Via Castanada, Monterey.

Napa County Medical Society. Meets Second Wednesday.
Pres., Harry Ehrlich, 1130 First St., Napa.
Secy., Thomas W. Ledwich, 980 Trancas St., Napa.

Orange County Medical Association, 1226 N. Broadway, Santa Ana. Meets First Tuesday, 7:00 p.m.
Pres., Carl J. Paul, 605 East Chapman Ave., Orange.
Secy., William H. Wickett, Jr., 211 North Pomona St., Fullerton.

Placer-Nevada-Sierra County Medical Society. Meets Second Wednesday.
Pres., B. W. Hummelt, Nevada City.
Secy., T. J. Rossitto, 1166 High St., Auburn.

Riverside County Medical Association, 4175 Brockton Ave., Riverside. Meets Second Monday, 8:00 p.m., El Loro Room, Mission Inn.
Pres., Gordon MacDonald, 4294 Orange Street, Riverside.
Secy., Donald Abbott, 4029 Brockton Ave. Riverside.

Sacramento Society for Medical Improvement, 2731 Capitol Ave., Sacramento. Meets Third Tuesday, 8:30 p.m., Sutter Hospital Auditorium.
Pres., Carl E. Burkland, 2901 Capitol Ave., Sacramento.
Secy., Geoffrey A. Fricker, 1215 28th St. Sacramento.

San Benito County Medical Society. Meets First Thursday, Hazel Hawkins Memorial Hospital, Hollister.
Pres., Kent S. Taylor, 345 Fifth St., Hollister.
Secy., R. L. Hull, Bank of America Bldg. Hollister.

San Bernardino County Medical Society, 615 D St., San Bernardino. Meets First Tuesday 8:00 p.m., San Bernardino County Charity Hospital.
Pres., Ben D. A. Miano, 1020 "D" St., San Bernardino.
Secy., Cline D. Mapes, 1020 "D" St., San Bernardino.

San Diego County Medical Society, 3427 - 4th Ave., San Diego 3. Meets Second Tuesday, Mission Valley Country Club, 950 West Camino Del Rio.
Pres., James C. MacLaggan, 525 Hawthorn St., San Diego 1.
Secy., James I. Knott, 3712 30th St., San Diego 4.

San Francisco Medical Society, 250 Masonic Ave., San Francisco 18. Meets Second Tuesday, 8:15 p.m., 250 Masonic Ave., San Francisco 18.
Pres., Donald M. Campbell, 250 Masonic Ave., San Francisco 18.
Secy., Roberta Fenlon, 250 Masonic Ave., San Francisco 18.

San Joaquin County Medical Society. Meets First Thursday, 8:15 p.m., 936 N. Commerce St., Stockton.
Pres., James J. Heffernan, 1003 Medico-Dental Bldg., Stockton.
Secy., F. A. McGuire, 307 Medico-Dental Bldg., Stockton.

San Luis Obispo County Medical Society. Meets Third Saturday, 7:00 p.m., Anderson Hotel, San Luis Obispo.
Pres., Albert Gazin, 743 Pismo St., San Luis Obispo.
Secy., Anthony V. Keese, 990 Pacific, San Luis Obispo.

San Mateo County Medical Society, 122 Second Ave., San Mateo. Meets Third Tuesday.
Pres., Henry A. Brown, 77 N. San Mateo Dr., San Mateo.
Secy., William H. Thompson, 1515 Trousdale Dr., Burlingame.

Santa Barbara County Medical Society, 300 West Pueblo St., Santa Barbara. Meets Second Monday, Cottage Hospital.
Pres., Douglas F. McDowell, 317 W. Pueblo St., Santa Barbara.
Secy., Robert I. Cord, 300 W. Pueblo St., Santa Barbara.

Santa Clara County Medical Society, 1960 The Alameda, San Jose 26. Meets Third Monday except in July and August.
Pres., Thomas N. Foster, 630 E. Santa Clara St., San Jose.
Secy., Carl O. Carlson, 660 E. Santa Clara St., San Jose.

Santa Cruz County Medical Society. Meets every Second Month, Second Tuesday. Time, place to be announced.
Pres., James Spencer, 135 Monte Vista, Watsonville.
Secy., William Cress, 526 Soquel Ave., Santa Cruz.

Shasta-Trinity County Medical Society. Meets First Monday.
Pres., Paul B. Stratte, 2005 Court St., Redding.
Secy., Roland R. Jantzen, 1726 Market St., Redding.

Siskiyou County Medical Society. Meets Sunday on call.
Pres., Isaac Spomer, Box 398, Tulelake.
Secy., R. W. Bayuk, 750 South Main Street, Yreka.

Solano County Medical Society. Meets Second Tuesday, 8:00 p.m., at different meeting places.
Pres., O. S. Nesting, 841 Georgia, Vallejo.
Secy., Harle B. Grover, 839 Louisiana Street, Vallejo.

Sonoma County Medical Society, 300 American Trust Bldg., Santa Rosa. Meets Second Thursday.
Pres., Walter E. Weber, Room 304, American Trust Bldg., Santa Rosa.
Secy., Clayton B. Taylor, Room 304, American Trust Bldg., Santa Rosa.

Stanislaus County Medical Society, 702 - 18th St., Modesto. Meets Third Tuesday of the month, 7 p.m., Hotel Covell, Modesto.
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Secy., Robert W. Purvis, 709 18th St., Modesto.

Tehama County Medical Society. Meets at call of President.
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Tulare County Medical Society.
Pres., Cyril H. Johnson, 795 Cherry Ave., Tulare.
Secy., Victor A. Badertscher, 499 North L St., Dinuba.

Ventura County Medical Society. Meets Second Tuesday, 7:15 p.m., Colonial House, Oxnard.
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Secy., F. K. Helbling, 34 N. Ash St., Ventura.

Yolo County Medical Society. Meets First Wednesday.
Pres., Ernie A. Young, 1st and Main Sts., Winters.
Secy., James A. Kennedy, 218 F St., Davis.

Yuba-Sutter-Colusa County Medical Society. Meets Second Tuesday.
Pres., Rocco A. Montano, 316 G St., Marysville.
Secy., Robert I. Hodgin, Box 749, Marysville.

*1956 Officers.

(For roster of C.M.A. committees and other organizations, see last month's issue.)

Electric Shock's Effect on Heart Described

Touching a noninsulated high voltage electric line does not necessarily produce permanent—or even severe—damage to the heart.

A case illustrating one type of heart reaction to accidental electric shock and the excellent recovery following such an accident was reported in the September 28 issue of the *Journal of the American Medical Association* by Dr. William H. Wehrmacher, Northwestern University Medical School, Chicago.

A 52-year-old lineman was working astride a pole supporting high-tension electric wires, when his back, wet with sweat and covered only by a cotton shirt, touched a noninsulated 2,200-volt line. At the same time his right arm touched an insulated 110-volt line. The brief contact produced a buzzing sound heard by a nearby workman.

The lineman jerked away and finished the job. His arm and back were slightly burned. When seen by a physician the next day, his heart was found to be functioning abnormally. The electrocardiograph revealed that the lower chambers were contracting irregularly and the upper chambers were fibrillating.

Within five days the heart had returned naturally to a normal beat and the patient appeared to suffer no serious consequences. His job was changed to one which did not require work with high-tension circuits or exertion. Two years later he showed no cardiac symptoms and could climb stairs as readily as ever.

In most instances of atrial fibrillation, the heart's rhythm returns to normal spontaneously or after treatment with drugs, usually without leaving any permanent damage, Dr. Wehrmacher said.

United States Agencies Warn of Misleading Claims for Flu Drugs

Two United States agencies, the Federal Trade Commission and the Food and Drug Administration, jointly warn drug manufacturers against using "false or misleading claims that their drug products are effective in preventing or treating Asian influenza."

"The Food and Drug Administration will take prompt action against any false and misleading claims by medicine manufacturers that products of limited benefit can effectively prevent or cure Asian flu or its complications. Such claims are contrary to the federal law and the public interest . . . years of extensive research . . . have shown inoculation with vaccine is the only reliable means of preventing influenza. The diagnosis of Asian flu and particularly the treatment of more serious complications are matters requiring the attention of a physician. Some drug preparations will relieve some of the discomforts of influenza, and these have a proper place in treating the patient. But aside from the vaccine there are no drugs available to prevent this disease. The public should be on guard against unwarranted claims for Asian flu medicines and should seek the advice of a physician for proper and safe means of prevention and treatment of the disease . . ."

"It is the duty of the Commission to stop false and misleading advertising. . . . The Commission will proceed against any person or corporation who attempts to associate his product with a disease it cannot prevent, alleviate, nor cure. . . . The Commission is actively checking all media of advertising and will move promptly to eliminate any claims that are false or misleading. It will be guided by the best medical opinion available."

—A.M.A. Washington Letter

Prolonged TV Watching May Cause Leg Disorders

Prolonged sitting in awkward positions while watching television may produce serious circulatory disorders in the legs, a Philadelphia physician stated.

Writing in the October 12 issue of the *Journal of the American Medical Association*, Dr. Meyer Naide reported three cases of blood clots occurring in the leg vessels after the patients had sat in awkward positions watching TV. Similar disorders may occur after driving long distances in a car, especially in tall men who are "peculiarly susceptible" to such ailments, he said.

Dr. Naide recommended that television viewers get up and move about at least once an hour in addition to moving their legs frequently. Girdles and other tight garments also should be removed before prolonged TV watching.

All three patients recovered with relatively few effects after treatment with anticoagulant and vasodilator drugs.

One man sat with the back of his knee pressed against the edge of the chair for one and a half hours; another man with his leg thrown over the arm of the chair for an hour, and a woman with her leg tucked under her off and on for two hours.

The men had venous thrombosis of the leg, followed by pulmonary embolism. The woman had a thrombosis in the femoral artery of the leg.

Dr. Naide also mentioned an earlier report of 21 sudden deaths from pulmonary embolism in persons in or leaving English air-raid shelters during World War II. The cause was venous thrombosis in the legs, resulting from long periods of sitting on chairs or benches with the edges compressing the veins.

Dr. Naide is associated with the Woman's Medical College of Pennsylvania and the Albert Einstein Medical Center, Philadelphia.

California Medical Association

1958 Annual Session

AMBASSADOR HOTEL, LOS ANGELES *April 27-30*

THREE POSTGRADUATE COURSES
MONDAY
TUESDAY
WEDNESDAY
9:00 a.m.-noon

Liver Diseases—A NINE-HOUR COURSE
U.S.C. SCHOOL OF MEDICINE

Abdominal Pain—A NINE-HOUR COURSE
U.C.L.A. SCHOOL OF MEDICINE

Management of Trauma—A NINE-HOUR COURSE
COLLEGE OF MEDICAL EVANGELISTS

A FEE WILL BE CHARGED FOR THE ABOVE COURSES

FOUR DAYS

GENERAL SCIENTIFIC MEETINGS
TECHNICAL EXHIBITS • SCIENTIFIC EXHIBITS
MEDICAL MOTION PICTURES

PRESIDENT'S DINNER DANCE

TUESDAY, APRIL 29
COCOANUT GROVE, AMBASSADOR HOTEL

HOUSE OF DELEGATES

SUNDAY, APRIL 27 AND WEDNESDAY, APRIL 30

REGISTRATION DAILY • 9:00 a.m. to 5:00 p.m. • NO REGISTRATION FEE

Blood Sludge Called Cause Of Ear Disorders

A New York otolaryngologist believes that "sludging" of the blood, brought on by emotional difficulties, is involved in the development of several ear disorders.

Examination of the eyes' blood vessels has revealed clumps of red blood cells, or sludge, circulating in the blood during acute, chronic, and progressive illness, in old age, after severe burns or injuries, and after emotional upheavals, Dr. Edmund Prince Fowler said.

The sludging seems to be a reaction to strain—either physical as in an injury or illness, or emotional, Dr. Fowler said in the October issue of *Archives of Otolaryngology*, an American Medical Association publication.

He observed such sludge in various types of sudden and progressive deafness, in Meniere's disease, and in otosclerosis.

When blood cells aggregate in clumps, a shortage of oxygen develops in the area. This happens because the clumps clog the blood vessels and prevent the normal flow of blood. In addition, the cells' ability to take up and discharge oxygen is curtailed, since most of their surfaces are smothered. If the oxygen is cut off too long, damage to surrounding cells may result. This may be what happens in ear disorders.

He noted that most patients with otosclerosis who show sludging have histories of unresolved "frustrations," "abuses," "mental and bodily illness," and "emotional hypersensitivity."

Sometimes during the inactive periods of Meniere's disease and otosclerosis, little or no sludge may be seen, but it may be made to reappear or increase by even "apparently trivial emotional repercussions," Dr. Fowler said.

During attacks of head noises or dizziness sludging of the blood regularly occurs. It is also found after the sudden onset of deafness. This strongly suggests that sudden deafness is caused by an oxygen shortage in the ear's labyrinth due to blocking of the circulation.

Some drugs which stop blood coagulation help prevent sludging in the early stages. However, the first step in reducing sludging—and perhaps preventing ear disorders—is for the patient to adjust to his so-called "emotional instabilities." The patient must face facts and learn to stop "overwishful thinking" and to adapt to disappointments and frustrations.

"Aggravation causes aggregation," Dr. Fowler stated.

California MEDICINE

CLASSIFIED ADVERTISEMENTS

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CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

PHYSICIANS WANTED

CALIFORNIA LICENSED PHYSICIAN SURGEONS WANTED: Contact us for registration forms and information on our many excellent opportunities in California. Outstanding openings in GENERAL PRACTICE, INDUSTRIAL AND THE SPECIALTIES . . . associations, assistantships, groups, locations for private practice in NORTHERN, CENTRAL AND SOUTHERN CALIFORNIA. PACIFIC COAST MEDICAL BUREAU agy., 703 Market Street, SAN FRANCISCO, or 510 West Sixth Street, LOS ANGELES.

OPENING FOR ASSISTANT COUNTY PHYSICIAN—303 Bed Hospital—Salary $11,000.00 per year. For full particulars write to Hospital Administrator—Humboldt County Community Hospital, 2200 Harrison Avenue, Eureka, California.

WANTED E.N.T. MAN—by Southern California Group of 14 specialists serving city of 90,000—15 miles from Los Angeles. Immediate percentage participation. Senior partnership in two years. J. A. Woodruff, 10720 South Paramount Boulevard, Downey, California.

WANTED FOR ASSOCIATION: General Practitioner with five years practice and major interest in obstetrics. Prefer, though not essential, A.A.G.P. member and L.D.S. Church affiliation. Write direct to P. O. Box 569, Fullerton, California.

GENERAL PRACTITIONERS—EXCEPTIONAL OPPORTUNITIES available in San Francisco, East Bay, Peninsula, Northern and Southern California, including associations and partnerships with established groups and individual physicians; starting salaries to $1000.00 and up. We have current listings in the SPECIALTIES—in PEDIATRICS, OPHTHALMOLOGY, RADIOLOGY, ANESTHESIOLOGY, OTOLARYNGOLOGY, and OBSTETRICS-GYNECOLOGY. For further information please contact Norma Rohl, Director, THE MEDICAL CENTER AGENCY, FLOOD BUILDING, SUITE 412-414, 870 MARKET STREET, San Francisco 2. CALL YUkon 2-3412.

GENERAL PRACTITIONER wanted to associate with another General Practitioner beginning practice in a small central California college town. Modern new office. No initial capital outlay necessary. Object of associationship is to have complete patient coverage with time off for both partners. Box 93,780, California Medicine.

EXCEPTIONAL OPPORTUNITY FOR INTERNIST AND SURGEON as independent members of Medical Group in San Joaquin Valley town of 50,000. Box 93,625, California Medicine.

WANTED: RESIDENT PHYSICIAN for 150 bed general hospital. Excellent opportunity for experience in general medicine and surgery. Salary $800 plus allowance for maintenance. Prefer some anesthesia experience. Must have California license. Apply to John W. Bristow, M.D., Medical Director, Madera County Hospital, Madera, California.

(Continued on Page 58)

American Medical Association Committee Prepares Poisoning First Aid Rules

Speed in starting first-aid measures is essential after accidental poisoning, according to the American Medical Association's Committee on Toxicology.

First aid measures are aimed at helping to prevent absorption of the poison and must be started at once, the committee said in a new pamphlet issued as a guide for the public in the treatment of accidental poisoning. The pamphlet's instructions are reprinted in the October 12 issue of the American Medical Association's *Journal.*

When poisoning occurs, one person should begin treatment while another calls a physician. When only one person is available to give treatment, he should call a physician first if the poison is a corrosive or a petroleum product. A corrosive may be an acid substance such as a toilet bowl cleaner or an alkali such as household bleach.

When a noncorrosive poison is swallowed, vomiting should be induced and then a physician called. Vomiting can be started by giving the patient milk, plain water, or warm salt water, or by placing the blunt end of a spoon or the finger at the back of the patient's throat.

Vomiting should not be induced if the patient is unconscious, in a coma, or in convulsions; has swallowed petroleum products, such as kerosene, gasoline, or lighter fluid, or has swallowed a corrosive, such as a rust remover, styptic pencil, lye, washing soda, or ammonia water.

Symptoms of corrosive poisoning are severe pain, burning sensation in mouth and throat, and vomiting.

When retching and vomiting begin, the patient should be placed face down with the head lower than the hips. This prevents the vomitus from entering the lungs and causing further damage.

In the case of inhaled poisons, the patient should be carried to fresh air immediately, his clothing loosened, and artificial respiration begun if breathing has stopped or is irregular. The patient should be kept warm and as quiet as possible.

With skin contamination, the skin should be drenched with water. A stream of water should be held on the patient while removing his clothes. Rapidity in washing is most important in reducing the extent of injury. When the eyes are contaminated, they should be washed immediately with a gentle stream of running water. Chemicals should not be used, since they may increase the extent of injury.

Chemical burns also should be washed with large quantities of running water, except those caused by phosphorus. Ointments, greases, powders, and other drugs normally used for burns should be avoided.

Alcohol should not be given in any kind of poisoning.

The first-aid instructions may be obtained by writing to the A.M.A. Committee on Toxicology, 535 North Dearborn Street, Chicago 10, Illinois.

Medical Assistants Hold 3-Day Convention

The girls who work in physicians' offices recently proved their desire to further their efficiency and improve the quality of their services. Over 400 of them turned out for the first national convention of the American Association of Medical Assistants in San Francisco, a three-day educational session.

Leo Brown, American Medical Association director of public relations, who attended the convention, reports that the organization, formed in Milwaukee last year, secured 4,700 members in 1957 and expects its total membership to climb to 5,000 in the coming months. Nurses, secretaries, technicians, receptionists, and other types of medical office aides are members of American Association of Medical Assistants, which seeks to "inspire members to render honest, loyal, and more efficient service" to the medical profession and the public.

At the recent convention charters were awarded to groups in Arkansas, California, Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Missouri, Nevada, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Virginia, and Wisconsin. Assistants from Arizona, Ohio, and Oregon also attended and re-

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Medical Assistants Hold 3-Day Convention

(Continued from Page 26)

ported progress toward state groups. To gain American Association of Medical Assistants membership a state group must first obtain approval of the state medical society. The American Medical Association commended the objectives of the assistants group in a resolution passed at its clinical meeting in Seattle last November.

American Association of Medical Assistants members heard talks by physicians, experts in allied fields of medicine, and assistants themselves on ways to improve office skills, discussed ways to develop the national group into an effective postgraduate education body, and elected new officers. Mrs. Mary Kinn, Santa Ana, California, was installed as president, and Mrs. Lucile Swearingen, Bartlesville, Oklahoma, was named president-elect. The 1958 American Association of Medical Assistants convention will be held in Chicago. Mr. Brown introduced a new organizational manual for assistants, "Take-off Techniques," at the session.

—A.M.A. Secretary's Letter

Adult Heart Disease May Have Congenital Basis

Congenital heart disorders may be far more important as a basis of adult heart disease than was formerly recognized, three Washington, D. C., physicians recently stated.

Many congenital malformations of the heart and circulatory system found in adults are now curable by surgery, they said. Therefore, physicians need to be alert to the possibility of adult heart disease resulting from congenital deformities, so that a proper diagnosis—and treatment—can be given to the heart disorder.

Congenital heart disease is usually considered a disorder of infants and children. If an adult, who has had a reasonably healthy childhood, shows sign of heart disease, it is assumed that his is an acquired form, the doctor said in the October 26 *Journal of the American Medical Association.* However, their experience in a small adult cardiac clinic shows that congenital heart disorders may not cause trouble or be noticed until adulthood. During a five-year period they discovered 29 cases of congenital heart disorders in adults.

Although the number of cases is small, it is significant in that the types of congenital defects represented are now, in most instances, curable by cardiovascular surgery.

Their findings emphasize the need for physicians dealing with adult heart patients to be as alert to the possibility of a congenital heart defect as are pediatricians. The radiologist, who can see the shape of the heart and vessels on chest x-rays, is in a "strategic position" for the detection of congenital heart malformations, they said.

The authors are Drs. John B. Johnson, John W. Lawlah, and Leslie E. Hedgepath of the cardiovascular laboratory of the department of medicine, Howard University, and Freedmen's Hospital. Their study was supported by a grant-in-aid from the National Institutes of Health.

Plan to attend the Fourth Annual California Rural Health Conference, January 31 and February 1, Bakersfield. *Contact:* GLENN GILLETTE, Associate Director, Public Relations, California Medical Association, 450 Sutter Street, San Francisco 8.

New Tax Ruling on Medical Groups

A new ruling by the Internal Revenue Service may mean that doctors practicing as an association are entitled to the same tax deferment privileges as corporation employees regarding annuities. In the now famous Kintner case, a federal court of appeals ruled that a group of doctors, formerly associated as partners, would be entitled to tax treatment as a corporation after they banded together in an association. Until now, however, the IRS has held that it would not follow the Kintner decision, but would consider a similar association as a partnership, and partners can't be employees under a pension plan. Now IRS is reversing itself; it will not deny the favored tax status to an association of doctors simply because indications are the association was formed to obtain pension plan benefits for members of the association.

If IRS maintains this policy, the effect will be to allow doctors forming an association (in line with IRS criteria yet to be established) to enjoy approximately the same annuity advantages they would under the Jenkins-Keogh and similar bills now pending in Congress. The sponsors would have to meet two tests: the association would have to qualify for the federal tax benefits, while at the same time avoiding the charge, under state law, of engaging in the corporate practice of medicine.

—A.M.A. Washington Letter

Seven Per Cent of All Hospital Cases Are Accidents

Accidents account for about 7 per cent of all cases treated in American hospitals, according to a new survey by the American Medical Association.

Accidents combined with pregnancy, the "other great nondisease category," account for about one-fourth of the total hospital load, according to an editorial in the October 19 *Journal of the American Medical Association.* Many people believe that all patients are hospitalized for disease, the editorial noted.

The study on accidents, prepared by the American Medical Association Bureau of Medical Economic Research and reported in the October 19 *Journal,* is part of a comprehensive survey of medical services given to the American people. The accident study was based on information about patients discharged from 6,000 general and special hospitals during November, 1955. Tuberculosis and mental hospitals were excluded from the study.

The 128,000 patients hospitalized because of accidents comprised 6.9 per cent of all patients discharged during the month. The average hospital stay for accident patients was 10.7 days as compared with 9.1 days for nonaccident patients. The accident cases required the use of 50,500 beds, or 6.7 per cent of total beds available.

The personnel devoted to the care of accident cases totaled 68,200 or 6.7 per cent of total personnel, and the annual hospital payroll expense was 198 million dollars, or 7.3 per cent of the total payroll.

Depending on the criteria used for the measurements, the bureau concluded that the treatment of accident cases accounts for 7 to 8 per cent (6.7 to 8.1 per cent) of the burden of American hospitals.

Presumably the burden on physicians falls within the same range; however, that will be estimated in another study, the editorial said.

The study also showed the following:

—The 128,000 accident patients spent a total of 1,370,000 days in the hospital, or 8.1 per cent of the total days spent by all patients discharged during the month.

—Of the accident patients, 65.2 per cent were males and 34.8 per cent females. Of the males, 11.3 per cent were under 15 years of age; 35.6 per cent in the 15-44 age group; 13.1 per cent in the 45-64 age group, and 5.2 per cent 65 years and over. Of the females, 5.8 per cent were under 15 years of age; 12.4 per cent in the 15-44 age group; 8.6 per cent in the 45-64 age group, and 8 per cent 65 years and over.

—During the reporting year (ending Sept. 30, 1955 for most hospitals), the care of accident victims cost 311 million dollars, or 7.4 per cent of the total annual expenses of the hospitals. The report noted that the total for 1957 "presumably" involved many more millions of dollars.

Soft Shoes Recommended for Toddlers

Soft shoes which give "barefoot freedom" to babies learning to walk were recommended recently in an American Medical Association publication.

The article in the October issue of *Today's Health* pointed out that the baby's first shoes may hold the answer to the kind of foot comfort he will have as an adult. If the baby is given "barefoot freedom," which permits the foot to develop naturally, he will probably have comfortable feet when he grows up.

Because normal foot muscles become strong only through use, only a "supple foot covering that permits the utmost freedom of movement" should be worn by the infant and toddler, the article said. If the baby's foot is confined in a shoe which holds any part of it in conformity, even the heel which is usually supported, the foot will become weak and stiff, according to an orthopedic surgeon quoted in the article.

In addition, stiff shoes may handicap him in learning to walk. The article quoted one mother who said her year-old son took his first steps when she put soft shoes on him. In hard-soled shoes, he "just stood there as if he were wearing skates that might topple him any minute—and they did too, for he could not bend his feet to gain his balance."

Mrs. Mildred C. Martin, an Atherton, Calif., free lance writer, surveyed 175 California doctors on the best type of footwear for babies and toddlers. They agreed that a shoe which permits the foot to grow unhampered is best.

Among their recommendations were the following:

—The shoe should be "foot-shaped," with a straight inner line. It should copy the baby's foot rather than trying to confine the foot into a tiny copy of an adult shoe.

—It should be wide across the toes to permit their spreading and flexing as the child walks. There should be depth for chubby toes, a box-cut preferably, and space beyond the toes. A little child beginning to walk "grips with his toes and rotates on his heels, as he bends and turns." Soft shoes allow him to do this with ease.

—A simple tie or buckle may fasten the shoe on, but no constraining laces should be permitted to interfere with the free flexing of the arch.

—The heel may be snug-fitting, but should have no counters. Through use, the heel and ankle muscles will strengthen naturally.

—The entire shoe preferably should be made of leather, which "breathes through its open pores" and allows essential ventilation.

Mrs. Martin noted that there are children with deformed feet or other deviation who should have corrective shoes. Their problems must be considered individually. For the child with normal feet, cover them for protection against cold or bruising, or for decoration, but let him use his feet.

Blood Dyscrasias Associated with Promazine Hydrochloride Therapy

A review of the reports received by the Registry since July, 1956, revealed 10 cases of blood dyscrasias apparently associated with promazine (Sparine) hydrochloride therapy. A search of the English-language medical literature to the date of the preparation of this statement has uncovered two case reports of granulocytopenia associated with promazine hydrochloride therapy, one of which is among those reported to the Registry. Wyeth Laboratories has been most cooperative and has supplied an additional record of eight cases not previously reported to the Registry, bringing the total to 18 cases in which promazine therapy was suspected as being associated with a case of blood dyscrasia. It should be pointed out that in seven instances the patients received other drugs such as chlorpromazine (Thorazine) hydrochloride. Although all of the cases of blood dyscrasias associated with the use of promazine hydrochloride probably have not been reported, it has been suggested that the rate of incidence of a dyscrasia is relatively low.

Although depression of granulocytes was prominent in every case reported, the bone marrow studies in some cases indicated a depression of other cellular elements as well. Of the 18 known cases, we have information that four ended fatally. In cases that were identified early, cessation of use of the drug and institution of appropriate measures were usually followed by fairly prompt recovery. Physicians who prescribe promazine hydrochloride should instruct attendants, nurses, and patients to discontinue use of the drug and to report immediately if there is any sudden occurrence of symptoms such as sore throat, fever, or malaise. These instructions must be stressed. The interim blood cell counts alone cannot be relied upon because the condition could develop suddenly between routine examinations.

Wyeth Laboratories has included a forceful warning and has placed it prominently in the leaflet available to the medical profession. The firm should be commended for its diligence and willingness to cooperate with the subcommittee in its effort to bring this matter to the attention of physicians. Since the drug may possess potential for some harm, the subcommittee suggests that physicians limit its use to those conditions in which such use is warranted and avoid its use in the treatment of trivial or minor complaints.

—Journal of the American Medical Association
October 12, 1957 issue

Warfarin Nearly Ideal Anticoagulant

A new synthetic drug, Warfarin (Coumadin) sodium, comes closer to being an "ideal" anticoagulant than any other drug now available, two groups of researchers stated.

Anticoagulant drugs are used to prevent death-dealing blood clots in heart attacks and some kinds of circulatory diseases by depressing the blood's ability to clot.

Warfarin has a faster and more-lasting effect and produces fewer harmful side effects than other anticoagulants, the two groups reported in separate articles in the November 16 *Journal of the American Medical Association.*

Warfarin is unique because it is effective when given orally, intravenously, intramuscularly, or rectally, according to Drs. Shepard Shapiro and Flavio E. Ciferri, New York City. Other anticoagulants are effective only when given orally.

The fact that it is effective when given by injection is especially important for those persons who cannot swallow pills because of heavy sedation, shock, nausea and vomiting, or other reasons.

Drs. Shapiro and Ciferri found that a single muscular injection provided an effect that lasted for as long as five days, with the peak effect on the second or third day after injection.

Drs. Rudolph E. Fremont and Benjamin Jagendorf, Brooklyn, New York, gave the drug in tablet form to 85 patients at Brooklyn Veterans Administration Hospital. The patients had suffered heart attacks or blood clots in the vessels.

They found that Warfarin produced a fairly prompt reaction in the patients, as well as "relatively well-predictable and consistent" effects for longer periods of time. They found little need to manipulate the dosage after the initial need was established in the patient.

Warfarin rarely caused excessive depression of the ability of the blood to clot, with resultant hemorrhage—one of the problems encountered in some of the other anticoagulants. Excessive depression was quickly counteracted by administration of vitamin K.

The authors also pointed out that Warfarin does not produce any known harmful effects on the body.

Drs. Shapiro and Ciferri are both associated with Lincoln Hospital, New York, and Dr. Shapiro is also on the staffs of Goldwater Memorial Hospital and the New York University College of Medicine.

Make your hotel reservation today for the C.M.A. Annual Session, Los Angeles, April 27-30, 1958. Application for Housing Accommodations may be found on page 100, Advertising Section.

Fear Called Chief Deterrent To Heart Disease Recovery

Eliminating the patient's fear is the biggest problem faced by a general practitioner trying to help a heart disease victim recover, according to a report in the October 19 issue of the *Journal of the American Medical Association.*

The article, by Drs. Bryan Williams, Dallas; Paul D. White, Boston; Howard A. Rusk, New York City, and Phillip R. Lee, Palo Alto, Calif., shows the results of a survey among 40 members of the American Academy of General Practice from widely scattered areas of the United States.

The survey is part of a nationwide study of rehabilitation of heart disease patients. It was aided by a grant from the U. S. Public Health Service.

The solution to the problem of eliminating fear and misinformation about heart disease among patients and their families lies in education, the doctors thought. The physician, the patient, and the family should know about the more optimistic aspects of heart disease, the report said.

After the medical needs have been met, the doctors thought an unhurried explanation of the heart patient's illness is the most important step in returning such patients to an active and useful life.

The general practitioner believed that the second biggest problem they face in treating heart disease

(Continued in Back Advertising Section Page 72)

CLASSIFIED ADVERTISEMENTS

(Continued from Page 24)

PHYSICIANS WANTED (Continued)

STAFF PHYSICIAN FOR CALIFORNIA, approved accredited bicounty hospital, pulmonary diseases (219 beds), rehabilitation chronic illness (30 beds). Starting salary $600 monthly, includes furnished modern home for family. Must be eligible California licensure. Write: Medical Director, Tulare-Kings Counties Hospital, Springville, Calif.

SITUATIONS WANTED

WE HAVE IMMEDIATELY AVAILABLE for your staff—GENERAL PRACTITIONERS and SPECIALISTS, as well as EXPERIENCED MEDICAL SECRETARIES and RECEPTIONISTS, REGISTERED NURSES, LABORATORY and X-RAY TECHNICIANS. Norma Rohl, Director, THE MEDICAL CENTER AGENCY, FLOOD BUILDING, SUITE 412-414, 870 MARKET STREET, San Francisco 2. CALL YUkon 2-3412.

GENERAL PRACTITIONER—Main interest surgery. Age 45. 20 years practice Middle West. Desires relocation in California. Association or purchase of active practice. California licensed. Box 92,125, California Medicine.

GENERAL SURGEON, 38, certified American Board of Surgery, F.A.C.S. At present Chief of Surgery, Government Hospital. Well qualified in General Surgery, including Urology and traumatic Orthopedics. Previous group practice in California. Desires to associate with another qualified surgeon, or a clinic. Permanency desired. Available in January, 1958. Box 93,680, California Medicine.

INTERNIST, 36, BOARD CERTIFIED, medical-school clinical instructor, now in private practice in East, desires association or group. Reply Box 93,745, California Medicine.

INTERNIST-GASTROENTEROLOGIST — Private practice experience, qualified in Endoscopy and Roentgenology, seeking association or group practice. Available January. Box 93,775, California Medicine.

OPHTHALMOLOGIST, age 33, Board eligible, military completed. Good surgical training. Seeks association with board man, group or clinic. Box 93,760, California Medicine.

RESIDENT IN OPHTHALMOLOGY at Cook County Hospital in Chicago will have completed his training by January of 1958, and wishes to do part time ophthalmology in the San Francisco Bay Area. Please write to Robert Singer, 737 South Keeler Avenue, Chicago 24, Illinois.

RADIOLOGIST—University of Iowa trained. Certified in 1955, plus two years' experience, age 41, excellent references, prefer group or hospital association. Available 30 days. California licensed. Box 93,790, California Medicine.

EXPERIENCED MEDICAL SECRETARY desires work as secretary, or as companion to children, or middle-aged lady, in return for foreign or even world travel. Patient and companionable. College graduate. Age: mid-thirties. Administrative experience. Box 93,770, California Medicine. Telephone GL 1-0247, evenings or week-ends.

OBSTETRICIAN AND GYNECOLOGIST; Military obligation completed. Board eligible. Age 38, married. Have California license. Desire association with Obstetrician, or group, or General Practitioner, in or near Bay Area. No objection to some general practice work. Telephone: Berkeley, THornwall 8-6459, or write Box 93,755, California Medicine.

RESIDENTS WANTED

ANESTHESIOLOGY RESIDENCY—One position open now, another available January 1, 1958, for two year fully approved program in 500-bed charity hospital. $260.00 monthly. Write: Medical Director, Santa Clara County Hospital, San Jose, California.

LOCUM TENENS WANTED

PHYSICIAN WANTED FOR LOCUM TENENS approximately May 1, to September 1, 1958, for active general practice in a community 50 miles north of San Francisco. Will require full time. Please apply with full particulars and expectations. Box 93,720, California Medicine.

(Continued in Back Advertising Section Page 78)

Council Now Screening Foreign Medical Graduates

After nearly three years of planning, the Educational Council for Foreign Medical Graduates has placed an "open for business" sign on the door of its offices in Evanston, Illinois.

The council, which will carry out a detailed and comprehensive program for evaluating foreign medical school graduates, has offices in the Orrington hotel in Evanston. The executive director is Dr. Dean F. Smiley, Chicago, former secretary of the Association of American Medical Colleges.

It was decided three years ago that some form of evaluation service should be established within an independent agency whose affairs would be directed by a board of trustees designated by four cooperating organizations, the American Medical Association, the Association of American Medical Colleges, the American Hospital Association, and the Federation of State Medical Boards of the United States. For the next two years, the council will be supported by the four sponsoring agencies, the Kellogg Foundation, and the Rockefeller Foundation.

The council, incorporated in the State of Illinois, will be administered by a 10-member board of trustees—two representatives from each of the four sponsoring agencies and two persons representing the public at large, one named by the U. S. Department of Defense and the other by the U. S. Department of Health, Education and Welfare.

The president of the board is Dr. J. Murray Kinsman, dean of the University of Louisville School of Medicine.

Here Is How Council Functions: Dr. Smiley said the council will distribute to foreign medical graduates around the world authentic information regarding the opportunities and difficulties involved in coming to the U. S. on an exchange student visa to take intern or resident training in a U. S. hospital, or coming on an immigrant visa with the hope of becoming licensed to practice.

The council will make available to properly qualified foreign medical graduates, while still in their own country, all information on how to obtain certification. This involves a three-way screening process:

1. The council will certify that a student's educational credentials have been checked and found meeting minimal standards—18 years of formal education, including at least four years in a bona fide medical school, but excluding hospital training.

2. The council will certify that the command of English has been tested and found adequate for assuming an internship in an American hospital.

3. The council will certify that the general knowledge of medicine, as evidenced by passing of the

(Continued in Back Advertising Section Page 68)

California MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

Volume 87 DECEMBER 1957 Number 6

Diagnosis of Hemorrhagic Diseases

Evaluation of Procedures

L. W. DIGGS, M.D., Memphis, Tennessee

• Careful and complete history and physical examination are essential in the diagnosis of diseases characterized by hemorrhage and are more reliable than laboratory tests for the prediction of the tendency to bleed at the time of surgical operation. Specific questions should be asked about bleeding from various anatomical sites, allergic manifestations, diet, and exposure to poisons and chemical substances. Because hemorrhagic diseases may be hereditary, it is necessary to obtain a family history. If there is a personal or family history of abnormal bleeding, the examiner should obtain exact details about the events immediately preceding the bleeding episodes, the character and duration of the hemorrhage and the response to therapy.

The history is particularly important in the case of patients who are to have operation. Failure to obtain a history of past bleeding episodes may be catastrophic. In patients with bleeding tendencies who require operation, the history is valuable in predicting the severity of the bleeding.

Physical examination including examination of retina, breast and pelvic organs will often detect evidence of lesions that are helpful in the diagnosis of the primary diseases of which the hemorrhage is a manifestation. The location, distribution, character and number of hemorrhagic lesions are of value in diagnosis and in prognosis.

PART I

History, Physical Examination

WHEN A PATIENT seeks medical care because of ecchymoses, petechiae, spontaneous bleeding from mucous surfaces or abnormal bleeding following trauma, the procedure to be followed is the same as it would be for any other patient. Hemorrhagic phenomena are manifestations of disease of varied etiologic factors. The primary disease may involve any organ of the body or the body as a whole. It is therefore necessary to utilize all of the diagnostic tools, including history, physical examination and screening laboratory procedures as well as special tests. It is the purpose of this paper to discuss the role that the history and the physical examination play in the diagnosis of diseases characterized by hemorrhage.

HISTORY

The "present illness" of a patient with hemorrhagic phenomena should start at the time of birth, since diseases characterized by abnormal bleeding may be hereditary and since the defect is likely to become manifest in infancy or in early childhood. All persons are continually subjected to tests of trauma and often react in characteristic ways to injuries. Persons in normal environments bump into objects, are cut, scratched, bitten and spanked. Sneezing, coughing, vomiting, defecation, shaving, cleaning the teeth, menstruation, the wearing of tight clothing and assumption of the upright posi-

Professor of Medicine, University of Tennessee College of Medicine; Director, Department of Medical Laboratories, University of Tennessee, City of Memphis Hospitals.

Guest Speaker's Address: Presented before the Section on Pathology and Bacteriology at the 86th Annual Session of the California Medical Association, Los Angeles, April 30 to May 1, 1957.

Part I of a two-part article.

California MEDICINE

For information on preparation of manuscript, see advertising page 2

EDITORIAL

Foreign Interns and Residents

POSSIBILITY of a break-through in the knotty problem of handling interns and residents in American hospitals who come from foreign medical schools appears in the opening of the office of the Educational Council for Foreign Medical Graduates.

Just established as a joint effort by four medical and hospital organizations, the Council has now set up offices in Evanston, Illinois, under the direction of Doctor Dean F. Smiley, former secretary of the Association of American Medical Colleges. It is sponsored by the American Medical Association, American Hospital Association, Association of American Medical Colleges and the Federation of State Medical Boards of the United States.

Financial support for the first two years of operation will come from the sponsoring bodies and from the Kellogg Foundation and the Rockefeller Foundation.

Opening of this headquarters climaxes about three years of intensive planning by the agencies involved, during which time the multitudinous problems raised in considering the training of foreign medical graduates in this country were reduced to the fundamentals which would be of interest in all states of the nation. Local differences in laws and policies remain, but the basic questions which would require answers in all states have now been concentrated in one agency which has the solid backing of responsible organizations.

Functioning under a ten-man Board of Trustees, the Council will furnish information services to foreign medical school graduates in their own countries, advising them of the opportunities and possibilities of securing intern and resident training in the United States. At the same time, it will screen all applicants for such training and provide reports for United States hospitals on (a) the basic training of the applicant, (b) the adequacy of his knowledge of the English language for purposes of his American training, and (c) his general knowledge of medicine, as disclosed by an examination, to qualify him for assuming an American internship.

The Board of Trustees will include two representatives named by each of the four sponsoring organizations, one by the U. S. Department of Defense and one by the U. S. Department of Health, Education and Welfare. President of the board is Doctor J. Murray Kinsman, dean of the University of Louisville School of Medicine.

Educational credentials will provide certified information that the applicant has met the minimal standard of 18 years of formal education, at least four years in a bona fide medical school, but excluding hospital training.

The certification of an applicant's knowledge of the English language will attest his adequacy in English to assume an internship in an American hospital. The final certification, on his general knowledge of medicine, will result from the applicant's successfully passing the American Medical Qualification Examination to be given by the Council.

Results of this three-way screening process will be made available to hospitals, state licensing boards and designated specialty boards in this country.

Here at last is the beginning of a possible answer to the problems which have plagued hospitals, in California as well as across the country, in their attempts to secure foreign graduates for house officer positions for which insufficient American graduates are available.

Graduates of foreign medical schools are currently able to undertake internships in California under three different sections of state licensing laws. One

California MEDICAL ASSOCIATION

NOTICES & REPORTS

C.M.A. Buys Building

INCREASING DEMANDS for office space to house the expanded activities of the California Medical Association have resulted in the purchase of a downtown San Francisco office building to serve as C.M.A. headquarters.

As a constantly growing organization the C.M.A. has been faced with continuing need for added office space, a need which cannot be met with either facility or efficiency in the present location. The Association has been quartered at 450 Sutter Street, San Francisco, since that building opened in the fall of 1929. Office quarters have been expanded to accommodate increased demands for space but expansion now has finally been halted because of the impossibility of getting additional adjacent area at the present location.

Under the agreement now reached with the California Teachers Association, the C.M.A. will take delivery of a building at 693 Sutter Street, San Francisco, on or after July 1, 1959. The teachers' organization is building a new and larger headquarters in Millbrae.

Terms of the purchase call for the payment of $325,000 for the building, a structure of six stories, mezzanine floor and basement, on July 1, 1959. The teachers' group will continue to occupy the building until that time and to pay rent to the C.M.A. if the new C.T.A. building is not ready for occupation by then.

Negotiations for this purchase have taken place over the past several months, during which time members of the Council and Executive Committee have inspected the property. The final decision to purchase was made by the Council on November 10 when recommendation that the building be bought was made in a report by a special committee composed of Dr. Frank A. MacDonald of Sacramento, Dr. Francis E. West of San Diego, Dr. Ivan C. Heron of San Francisco, Dr. Warren Bostick of San Rafael, Dr. Edward C. Rosenow, Jr., of Pasadena, and Dr. Dwight L. Wilbur of San Francisco, chairman. This committee had an appraisal made and secured the opinions of experts in the

California Medical Association

1958 *Annual Session*

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Please make hotel room reservations only through C.M.A. office in San Francisco
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FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association,** April 27 to 30, 1958, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, you will stand a much better chance of securing accommodations of your choice if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

ALL RESERVATIONS MUST BE RECEIVED BEFORE: APRIL 1, 1958

Eighty-seventh Annual Session
CALIFORNIA MEDICAL ASSOCIATION
Los Angeles, California
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(Or.)—Original Article; (Ed.)—Editorial; (CMA)—California Medical Association; (CR)—Case Report; (I)—Information; (LE)—Letters to the Editor; (MJ)—Medical Jurisprudence.

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Council Now Screening Foreign Medical Graduates

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American Medical Qualification Examination, is adequate for assuming an internship in an American hospital.

The council also will provide hospitals, state licensing boards, and specialty boards which the foreign medical graduates designate with the results of the three-way screening. It also will accumulate and publish each year complete data regarding the numbers and placement of foreign medical graduates in this country.

Dr. Smiley emphasized that the council will not serve as a placement agency either for interns or residents; it will not attempt to evaluate the teaching program or inspect or approve any foreign medical school, and it will not act as an intercessor for foreign medical graduates having problems under discussion by state boards of medical licensure or specialty boards.

First Examination in February: Dr. Smiley said that tentative plans call for the first American Medical Qualification Examination for foreign medical graduates already in this country to be held in either February or March 1958, and that the second such examination for foreign medical graduates both here and abroad will be held in either July or August.

Formation of the council was first announced last February at the 53rd Congress on Medical Education and Licensure in Chicago. It was the medical profession's answer to the mushrooming problem posed by the thousands of foreign-trained physicians now in the U. S.

In discussing the council's work, Dr. Kinsman said that the screening process was initiated to help maintain the present high medical standards in the U. S. by making sure that foreign-trained physicians wishing to come here for hospital appointments or practice have reached a level of educational attainment comparable to that of students in approved American medical schools at the time of graduation.

"At the same time," he added, "the council hopes to encourage the well-trained foreign physician to take advantage of the opportunities to further his education in this country."

There has been a continuing influx of foreign-trained physicians to the U. S. for a long time. At present, there are more than 6,000 such physicians in this country on temporary visas serving as interns or residents. All foreign-trained physicians here on temporary visas are supposed to return to their native countries on completion of their internship or residency training.

In addition, there is another group of approximately 1,000 foreign-trained physicians who enter each year as immigrants or as American citizens returning after completing their medical education abroad.

Fear Called Chief Deterrent To Heart Disease Recovery

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patients is the personal economic problem faced by such a patient.

"This reflects the awareness on the part of the family physician of the potentially devastating effect of the heart disease on the patient's ability to earn a living," the report said.

Seven of the 40 doctors surveyed felt the need for increased availability of facilities to help cardiacs find suitable jobs. The lack of such facilities in less populated areas was apparent from the responses to this question.

Another survey is also reported by the same tour researchers in the same issue of the *Journal.* This questionnaire was sent to medical directors of 19 diversified industries operating plants in widely scattered parts of the U. S. The industries employ approximately 251,000 persons.

According to the article, only nine of the 19 industries had a stated policy to hire cardiac patients and during the preceding year only 242 were hired in a total of 19,321 new workers employed.

The article said:

"Factors considered of importance in industry's

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Fear Called Chief Deterrent To Heart Disease Recovery

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reluctance to hire cardiacs included (1) possible compensation, sickness benefit, or pension liability; (2) the large number of cardiacs already employed who developed their disease while at work; (3) lack of suitable jobs for cardiacs in addition to those already employed, and (4) a variety of lesser factors."

The article added:

"Many problems in the rehabilitation of the cardiac worker in industry remain to be solved but progress can be made by: (1) the education of practicing physicians, patients, and industry; (2) continued research in industry and in the laboratory; (3) a broad legislative study of the whole field of workmen's compensation, and (4) continued and increasing cooperation between physicians in private practice and those in industry."

Dr. Williams is clinical instructor in medicine, Southwestern University School of Medicine; Dr. White is consultant at the Massachusetts General Hospital; Dr. Rusk is professor and chairman, department of physical medicine and rehabilitation, New York University College of Medicine, and Dr. Lee is with the department of internal medicine, Palo Alto Medical Clinic.

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OFFICES FOR SALE, RENT OR LEASE

FOR RENT—Available at once: Medical suite in new medical building in San Francisco Bay Area, near 25 million shopping center, midway between San Leandro and Hayward. Suitable for general practitioner or specialist. Write or telephone, Ashland Professional Center, 16378 East 14th Street, San Leandro, California. BRowning 8-2222.

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SAN FERNANDO VALLEY. Suites available in new three suite Medical Dental Building, near four elementary schools, site of New Valley High School and Valley College. Excellent location for new practice. Established dentist in building. Special consideration to promising tenant. Contact: Mr. L. A. Schenke, 14300 Polk Street, San Fernando, California, or telephone EMpire 1-0483, evenings.

NOW AVAILABLE FOR LEASE—New medical suite in established medical-dental center. Ground floor. Ideal for specialist. Reception room, business office, private office. Three examining rooms, laboratory. 1753 Cabrillo Avenue, Torrance, California. Telephone: FAirfax 8-2981.

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TV May Help Children's School Work, Grades

Contrary to popular belief, television's effect on school children is not all bad, Northwestern University studies have shown.

In fact, children's strong interest in television may be an asset, if television watching is handled properly in the home, according to Paul Witty, Ph.D., director of the psycho-educational clinic, Northwestern University, Evanston, Illinois.

Each year since 1949 the Northwestern clinic has studied the TV viewing habits of more than 2,000 children in the Chicago area. Children, their teachers, and their parents have been interviewed, Witty said in the November issue of *Today's Health*, the American Medical Association's health magazine.

By the spring of 1950, after TV's first appearance in 1949, 43 per cent of the children interviewed had TV sets at home. In 1951, 68 per cent had them, and in 1957, 96 per cent had them. In one school studied this year, only one child did not have a TV set at home.

In 1950 many people believed that the televiewing would prove a passing fancy—especially for children—and that the amount of time given to it would drop sharply after its novelty wore off. This proved unrealistic. Children spend as much or more time watching TV now than they did at first, Witty said.

In 1950 elementary school children averaged 21 hours a week watching TV; in 1951 the average dropped to 19 hours, but it went up later with the appearance of new and more appealing programs. High school students devote less time to TV; the average in 1957 was 12 hours a week.

The Northwestern studies show that TV is not having the predicted bad effect on children's health. In 1950 parents reported that children slept less, played less, and were more nervous and disturbed. But as the years have gone by, fewer and fewer parents voice these complaints, apparently because they are trying to arrange proper conditions for televiewing and are encouraging rest periods and changes in activities, Witty said.

While children's interests and hobbies have changed slightly since 1950, their outdoor recreation has not changed much, the studies have shown.

Emotional and nervous problems appear to be diminishing. When children who spend an extremely large amount of time watching TV have emotional difficulties, teachers have found in every case other factors, such as poor home or unfavorable environment.

Television appears to have a conflicting effect on school work and grades, Witty said. There seems to be little relationship between grades, and time spent watching television, although excessive watching appears to be associated with somewhat lower grades. However, one teacher remarked, "Good stu-

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Four and a Half Million Transfusions Given in 1956

More than 4½ million blood transfusions were given to nearly 2 million Americans during 1956, the Joint Blood Council, Inc., has estimated.

Approximately 5 million pints of blood were collected through various agencies during the year, a post card survey of American hospitals showed.

The project advisory committee of the Joint Blood Council reported the survey in the November 2 *Journal of the American Medical Association.* The committee based its figures on a sample that covered an estimated 78 per cent of the blood used in the United States during 1956.

The survey showed that hospitals obtaining blood from voluntary unpaid donors provided a surprisingly large share of the blood used. They collected 36 per cent, as compared with 38 per cent collected by regional American Red Cross collection centers.

Other sources and their percentages were: Commercial blood banks, 11 per cent; nonhospital blood banks, 9.5 per cent; hospitals that furnish blood to other hospitals, 4 per cent, and directly paid donors, 2 per cent.

The survey is the first step in a comprehensive study of the total American blood transfusion program. The council hopes the study will eventually

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TV May Help Children's School Work, Grades

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dents tend to remain good; poor students stay bad."

Television may serve as a way of learning or as an incentive to learn more about a particular subject. Children who think TV helps their school work mention its value in improving vocabulary and knowledge of history, current events, science, people at home and around the world, and books. Librarians report that children are reading "more than ever," which indicates that television has not cut reading.

Witty urged parents and teachers to work for better programs, to give children the guidance and encouragement they need to derive the greatest benefit from their "newest and best-loved recreation," and to remember that television is "a problem only in homes in which it is permitted to become a problem."

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lead to a smoothly operating and well-organized national blood program. A second survey seeking more specific details from hospitals and blood banks is now underway.

The council, a voluntary organization established in 1955, is composed of representatives from the American Association of Blood Banks, the American Hospital Association, the American National Red Cross, the American Society of Clinical Pathologists, and the American Medical Association. These organizations are all concerned with procuring, processing, preserving, and distributing blood and blood derivatives.

The council's objective is to coordinate all activities in this field, including the interchange of blood, the standardization of cross-matching and typing procedures, the accreditation and inspection of blood banks, the stimulation of blood donor campaigns, and the encouragement of research.

President of the council is Dr. Leonard W. Larson, Bismarck, N. D., a member of the American Medical Association Board of Trustees. Dr. Frank E. Wilson, Washington, D. C., is executive vice-president and secretary of the council, which maintains headquarters in Washington.

An editorial in the same *Journal* pointed out that there has been local progress in blood transfusion services, but there is an "urgent need" for the development of a national program.

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Wandering Patients Suffer From Unusual Syndrome

Patients who travel from hospital to hospital faking startling symptoms to gain admission may have Munchausen's syndrome.

A case of the syndrome was outlined in the October 26 *Journal of the American Medical Association* by Dr. John S. Chapman of the State University of Iowa College of Medicine, Iowa City. He said his is the first reported American case, although the condition has been reported frequently in England.

In 1951 an English physician "somewhat facetiously" applied the term Munchausen's syndrome to "perennial peregrinating problem patients" because "their wide travels and fanciful histories are reminiscent of the travels and adventures of fiction's Baron Munchausen," Dr. Chapman said.

Such patients are an economic threat and an extreme nuisance to the hospitals they visit. Publicizing their histories in medical journals, and thereby alerting the medical profession, seems the only way of coping with them, he said.

His patient was a 39-year-old merchant seaman and part-time professional wrestler who kept the medical wards of the State University of Iowa hospitals in a state of turmoil for 40 days in 1954, after he "burst into the hospital with blood spattered all over the front of his shirt."

He seemed to be coughing up blood and claimed to be in anguish from pain in the left side of his chest. He exhibited a number of surgical scars on the abdomen and had "an uncanny knowledge" of the location of his own veins. On examination both legs were red, hot, and swollen with distended veins, indicating thrombophlebitis. It was assumed he had suffered a pulmonary embolus.

He demanded drugs, diagnostic studies, and surgical treatment. Later he became increasingly uncooperative and disturbed, even to the point of ripping out surgical stitches. He was released from the hospital, only to return. Later he was sent to a mental institution, from which he eventually escaped.

A search of his wallet revealed he had been in a number of hospitals before reaching Iowa City. In fact, he had been in at least 16 hospitals between 1943 and 1954. After leaving Iowa City, he was traced through at least nine hospitals. Dr. Chapman learned through letters from these hospitals that the sailor followed much the same pattern in all of them. He left unpaid bills approximately $2,000 at each of six or more hospitals.

It is Dr. Chapman's opinion that the patient's bleeding is faked and is produced by a variety of methods, although the hospital staff never learned just how he did it. None of his many diagnostic studies have demonstrated any abnormality to account for his chest pain or bleeding, Dr. Chapman said. It is possible that years ago he had a real pulmonary embolus and thus learned the symptoms

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"The need exists for both the physician and his patient who some day will require blood in a hurry; in the hospital which may have to get it from a transfusion service outside its own walls, and in a government which will have to know all details about machinery for mass supply of blood during a civil or military disaster," the editorial said.

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which he now simulates.

Nevertheless, he is "now a professional hospital bum with a technique which guarantees him admission to any hospital at any time," Dr. Chapman said. "He seems to enjoy the consternation and sterotyped response evoked by his blood-spattered appearance. . . . He prefers large hospitals, and is especially fond of university centers. He expectorates blood in spectacular fashion. He plays upon the sympathies of the interns and residents. . . . He blusters but never

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Rehabilitation New Type of Medicine

A new kind of medicine—rehabilitation—is being created today as more physicians realize that the medical job is not done when the cast is removed or when drugs have cured the immediate illness.

In fact, rehabilitation is becoming as important as preventive health and the actual medical treatment of the sick or injured, according to a special article in the November 2 *Journal of the American Medical Association.*

Today, as never before, thousands of physicians of all types are recognizing that follow-through rehabilitation of all patients (not just the severely disabled) is a prime medical responsibility.

World War II and the "Penicillin Age," with its beneficial chain reaction in all branches of medicine, began to open many doors which formerly had been closed to disabled persons, the article said.

"Turning to the handicapped to relieve its wartime manpower shortage, industry found it was getting more than it bargained for: better workers. One-time employees injured in battle, meanwhile, were surviving hurts which, a generation earlier, surely would have doomed them. Many of these veterans returned home to show that, with proper training, they too could be self-sufficient," the article said.

While "more likely than not, a physician's hand holds the key" to the doors now opening to the disabled person, the physician can not do the job alone. He needs the help and skill of allied medical groups, industry, and lay individuals and organizations.

Industry, according to the article, has an ample pool of disabled from which to draw manpower. Over 2 million seriously handicapped men and women of employable age are wasting away their skills. This number is being increased by about 250,000 each year.

Every day of every year the American public is paying $1,500,000 in taxes to provide maintenance and medical care for the disabled. Yet one government study shows that earnings of the disabled persons rehabilitated last year rose by 580 per cent—from 19 to 129 million dollars.

Miss Mary Switzer, director of the United States Office of Vocational Rehabilitation, estimates that in the next three years, rehabilitees of 1956 will pay back in federal taxes the amount of money which the United States has spent for their rehabilitation —32 million dollars. States had contributed another 19 million dollars.

In addition to helping themselves and the nation's economy as a whole, rehabilitated persons have demonstrated their worth to their employers all over the country. For example, Lockheed Aircraft Company saved $65,000 in salvage by employing a workshop for the blind to recover tiny nuts, screws,

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APPLICATION FOR HOUSING ACCOMMODATIONS

FOR YOUR CONVENIENCE in making hotel reservations for the coming meeting of the **California Medical Association,** April 27 to 30, 1958, Los Angeles, hotels and their rates are at the right. Use the form at the bottom of this page, indicating your first and second choice. Because of the limited number of single rooms available, you will stand a much better chance of securing accommodations of your choice if your request calls for rooms to be occupied by two or more persons. **All requests for reservations must give definite date and hour of arrival as well as definite date and approximate hour of departure; also names and addresses of all occupants of hotel rooms must be included.**

ALL RESERVATIONS MUST BE RECEIVED BEFORE: APRIL 1, 1958

Eighty-seventh Annual Session
CALIFORNIA MEDICAL ASSOCIATION
Los Angeles, California
APRIL 27-30, 1958

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3405 Wilshire Boulevard		12.00-16.00	20.00-25.00
THE GAYLORD HOTEL			
3355 Wilshire Boulevard	8.00	10.50	18.00
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3191 West Seventh Street	7.00- 8.00	10.00-12.00	
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2961 Wilshire Boulevard	11.00-18.00	16.00-23.00	31.00

***The above quoted rates are existing rates but are subject to any change which may be made in the future.**

CALIFORNIA MEDICAL ASSOCIATION
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Please reserve the following accommodations for the 87th Annual Session of the California Medical Association, in Los Angeles April 27 to 30, 1958.

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THE NAME OF EACH HOTEL GUEST MUST BE LISTED. Therefore, please include the names of both persons for each twin-bedded room requested. Names and addresses of all persons for whom you are requesting reservations and who will occupy the rooms asked for:

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Individual Requesting Reservations—Please print or type Delegate?..... Alternate?.....

Name..... County.....

Address..... City and State.....

CLASSIFIED ADVERTISEMENTS

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OFFICES FOR SALE, RENT OR LEASE *(Continued)*

MEDICAL BUILDING, CENTRAL LOCATION—REDONDO BEACH. We are offering for lease a 3,000 square foot building which was designed for general practice or specialty. Just vacated, it has been occupied for many years by an M.D. with a well-established lucrative practice. There is space for three doctors. We can rent on a master lease to one doctor or divide the building. It has facilities for consultation, examination, minor surgery, recovery, x-ray, laboratory, drugs, library, large reception room, and offices. Act quickly and reap the benefit of this excellent location. Champion & Armont, 1619 So. Pacific Coast Highway, Redondo Beach, California, FR 5-2582.

MILL VALLEY. Available January 1st. Modern medical suite on ground floor. Two entrances. Plenty of parking area. Fully equipped; reception room, separate receptionist's area, laboratory, x-ray room with attached dark room. Consultation room, two treatment rooms, central hall. Detailed floor plan available. Ted Gibson Realtor, 328 Miller Avenue, Mill Valley, California. Telephone: DUnlap 8-7122.

NOVATO: AVAILABLE FEBRUARY, 1250 sq. ft., modern medical bungalow, now occupied by two associated physicians. All appointments, all facilities, off-street parking, et cetera. Located opposite medical center on main street of town. Sidney R. Kerston, D.D.S., 1223 Grant Avenue, Novato, California.

FOR LEASE—MEDICAL SUITES in new air-conditioned Medical Building, located ½ mile south of the new St. Jude Hospital in Fullerton, California. Ample parking. Ready for occupancy December first. M. J. Blair, 1419 North Fullerton Road, P. O. Box 224, Fullerton, California. Telephone: LAmbert 5-5092.

FOR RENT: OFFICE, select location, fast growing beach town, previous occupant E.E.N.T. specialist. 221 Delmar Ave., San Clemente, California.

SOUTHERN CALIFORNIA—SANTA ANA, medical center of Orange County, rapidly growing community with stabilized agricultural and industrial economy, thirty miles southeast Los Angeles and ten miles from Pacific. Seventeen custom designed suites with private entrances from landscaped court. Filtered refrigerated and heated air thermostatically controlled. Available March, 1958. Brochures on Center, Santa Ana and Orange County available. Santa Ana Medical Center—2515 North Main Street, Santa Ana, California.

ATTENTION: OBSTETRICIANS, PEDIATRICIANS, AND GENERAL PRACTITIONERS. Medical suites will be built and made available July 1, 1958, or before if desired, in an area of 21,000 people located in Northern California, which is welcoming 3,500 new people every month. For information write to: Medical Suites, 1462 Beryl Street, San Diego 9, California.

REDWOOD CITY in heart of medical zone now leasing 2 large doctors' suites, 5 rooms each, parking facilities. New Building. Rents below prevailing rentals. Adjustment will be made if your present lease conflicts with plans for immediate change. Telephone EMerson 9-1771 or write 1040 Brewster Avenue, Redwood City, California.

MEDICAL UNIT OF 1050 SQ. FT. in new medical center located in rapidly growing Los Gatos. Lease for 3 - 5 years at 23c a square foot. Write: A. R. Ness, M.D., E. G. LeVeque, M.D., 143 East Main Street, Los Gatos, California.

FOR LEASE: Modern medical bungalow office, 840 sq. ft. Reception room, 20'x11'9"; receptionist room, 7'6"x10'9"; examining room, 14'3"x10'9"; x-ray room, 14'3"x10'9"; laboratory room, 9'x5', is very nice; hall, 9'x3'6", bath off hall; physician's private office, 10'9"x8'9", with separate entrance. Office has heat. No parking problems. Excellent location. Mrs. J. G. Morrow, 418 Broadway (off Ocean St.), Santa Cruz, Calif. GA 3-1793.

Six Thousand Seven Hundred Foreign Physicians Study in United States

More than 6,700 foreign physicians were taking advanced medical training in American hospitals in 1956-57, it was recently reported.

Writing in the November 16 *Journal of the American Medical Association,* two New Yorkers summarized a survey conducted by the Institute of International Education and the American Medical Association.

The study covered only interns and residents who had both a foreign citizenship and permanent residence in a foreign country. It did not include displaced persons resettled in the United States or foreign citizens who have immigrated to the United States for permanent residence.

There were 6,741 foreign physicians serving internships or residencies in 797 American hospitals. Of these physicians, who came from 88 countries, 4,753 were residents and 1,988 were interns. Only 908 of the total were women and more than 60 per cent of these women were from the Far East.

The physicians were in 44 states, the District of Columbia, Hawaii, and Puerto Rico. Four states, Idaho, Nevada, New Hampshire, and Wyoming, did not report any. About one fourth (1,673) of all the foreign physicians were in New York state. More than 100 each were in Ohio, Illinois, Massachusetts, Pennsylvania, New Jersey, Missouri, Maryland, Michigan, Texas, the District of Columbia, Connecticut, and Minnesota.

Over one third (2,293) came from the Far Eastern countries with Latin America and Europe each the origin of one fifth, and the Near and Middle East of one eighth.

The foreign residents were studying in 31 different specialties, with general surgery and general medicine leading the list.

The authors noted that the 1956-57 study is similar to studies in the preceding three years, although the number of physicians has increased each successive year. This may be accounted for in part by the fact that more hospitals have replied to the survey each year.

They also mentioned a survey of Americans studying abroad. Of 9,887 United States citizens studying aboard in 1955-56, approximately 21 per cent (2,056) were reported to be studying medicine. Of these, 669 were in Switzerland, 319 in Italy, 293 in Canada, 174 in the Netherlands, and 108 in Belgium.

The authors are Dr. James E. McCormack, assistant vice-president of Presbyterian Hospital, New York, and Arthur Feraru, D. en D. de l'U. (Lyons), who is associated with the Institute of International Education.

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actually harms anyone. He submits to all diagnostic procedures after much argument and persuasion. . . . He demands and gets attention, time, and drugs."

This patient's behavior is characteristic of patients with Munchausen's syndrome. Just why they behave as they do is obscure, although a number of possible reasons have been suggested, Dr. Chapman said.

They may get "pathological enjoyment from the dramatic role of the patient." They may harbor a grudge against the medical profession and resort to this method to get even, but, if so, "they must also have an innate trust of doctors, for they allow surgical operations and other dangerous procedures to be performed," Dr. Chapman stated.

Some may desire drugs or a hiding place from the police. Still others may use the technique as an elaborate scheme for obtaining free lodgings, although they realize that diagnostic studies will follow —a rather "exorbitant price for bed and board," Dr. Chapman said. They may also suffer from various psychiatric disorders or reactions to previous hospital experiences.

However, by the time the Munchausen-type pattern has been established, the patient is a candidate for a mental institution, even if he has a true organic disease to explain his symptoms.

Rehabilitation New Type of Medicine

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and washers from sweeping below its B-47 production line.

Of course, the article pointed out, a man doesn't suddenly become skilled by virtue of his handicap. It takes expert training and counseling under medical guidance to develop capabilities out of disabilities. This has led to job training for the handicapped at 123 Veterans Administration hospitals, at special centers, in some general hospitals, and even on the work site. And companies which will hire only handicapped workers are developing.

But, as the article concludes, rehabilitation for the disabled is much more than a cure or a way to a job. It is "delicious freedom from a prison of dependence." Having survived, disabled people now need to be revived.

CALIFORNIA MEDICAL ASSOCIATION

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BOOKS RECEIVED

Books received by CALIFORNIA MEDICINE *are acknowledged in this column. Selections will be made for more extensive review in the interests of readers as space permits.*

ABSTRACTS OF SOVIET MEDICINE—Part A—Basic Medical Sciences, Part B—Clinical Medicine, Vol. I, 1957, No. 1. Excerpta Medica Foundation, New York Academy of Medicine Building, 2 East 103 Street, New York 29, N. Y. Part A, $15.00; Part B, $15.00; Combined subscription—Part A and B, $25.00.

BIOLOGIC BASIS OF CANCER MANAGEMENT, THE—Freddy Homburger, M.D., Research Professor of Medicine, Tufts University. Paul B. Hoeber, Inc., Medical Book Department, Harper & Brothers, 49 East 33rd Street, New York 16, N. Y., 1957. 354 pages, $10.00.

CHEMICAL ANTHROPOLOGY—A New Approach to Growth in Children—Icie G. Macy and Harriet J. Kelly. The University of Chicago Press, Chicago 37, Illinois. 149 pages, $3.75.

CHRONICALLY ILL, THE—Joseph Fox, Ph.D., The Philosophical Library, 15 East 40th St., New York, 1957. 229 pages, $3.95.

CLINICAL PATHOLOGY DATA — Second Edition — Compiled by C. J. Dickinson, B.A., B.S., B.M., M.R.C.P., Medical Registrar, Middlesex Hospital. Charles C. Thomas, Publisher, Springfield, Illinois, 1957. 91 pages, $4.00.

CLOSED TREATMENT OF COMMON FRACTURES, THE — Second Edition—John Charnley, B.Sc., M.B., F.R.C.S., Orthopaedic Surgeon, Manchester Royal Infirmary. The Williams and Wilkins Company, Baltimore, 1957. 260 pages, $10.00.

EXTENSILE EXPOSURE—Second Edition—Arnold K. Henry, M.B., Dublin; M.Ch. (Hon.) Trinity College, Dublin and Cairo. The Williams and Wilkins Company, Baltimore, 1957. 320 pages, $10.00.

FADS AND FALLACIES IN THE NAME OF SCIENCE —Second Revised Edition—The Curious Theories of Modern Pseudoscientists and the Strange, Amusing and Alarming Cults that Surround Them. A Study in Human Gullibility.—Martin Gardner. Dover Publications, Inc., 920 Broadway, New York 10, N. Y., 1957. 363 pages, T394 Paperbound, $1.50.

FEAR: CONTAGION AND CONQUEST—James Clark Moloney, M.D. Philosophical Library, Inc., 15 East 40th Street, New York, 1957. 140 pages, $3.75.

FOR FUTURE DOCTORS—Alan Gregg, M.D. University of Chicago Press, Chicago 37, Illinois. 165 pages, $3.50.

FUNCTION OF THE URETER AND RENAL PELVIS, THE—Pressure Recordings and Radiographic Studies of the Normal and Diseased Upper Urinary Tract of Man—Fredrik Kiil, M.D., Research Associate, Institute for Experimental Medical Research, University of Oslo. W. B. Saunders Company, Philadelphia, 1957. 205 pages, illustrated, $7.50.

GENERAL TECHNIQUES OF HYPNOTISM—Andre M. Weitzenhoffer, Ph.D., Stanford University and Center for Advanced Study in the Behavioral Sciences (1956-1957). Grune and Stratton, Inc., New York, 1957. 460 pages, $11.50.

GOOD HOUSEKEEPING BOOK OF BABY AND CHILD CARE—L. Emmett Holt, Jr., M.D., Appleton-Century-Crofts, Inc., New York, 1957. 288 pages, including 14 pages for mother's record, $4.95.

HEADACHE—Diagnosis and Treatment—Second Edition—Robert E. Ryan, B.S., M.D., M.S. (in Otolaryngology), F.A.C.S., St. Louis University School of Medicine. The C. V. Mosby Company, St. Louis, 1957. 421 pages, $6.75.

INTEGRATING THE APPROACHES TO MENTAL DISEASE—Two Conferences Held Under the Auspices of the Committee on Public Health of The New York Academy of Medicine—Edited by H. D. Kruse, M.D., Executive Secretary, Committee on Public Health, New York Academy of Medicine. Paul B. Hoeber, Inc., 49 East 33rd Street, New York 16, N. Y., 1957. 393 pages, $10.00.

INTRODUCTION TO ANESTHESIA—The Principles of Safe Practice—Robert D. Dripps, M.D., Professor and Chairman, Department of Anesthesiology, University of Pennsylvania School of Medicine; James E. Eckenhoff, M.D., Professor of Anesthesiology, University of Pennsylvania School of Medicine; and Leroy D. Vandam, M.D., Clinical Professor of Anesthesia, Harvard Medical School. W. B. Saunders Company, Philadelphia, 1957. 266 pages, $4.75.

MALABSORPTION SYNDROME, THE—A Mount Sinai Monograph—David Adlersberg, M.D., Editor. Grune & Stratton, New York, 1957. 252 pages, $5.50.

MANUAL OF NUTRITION—Philosophical Library, 15 East 40th Street, New York 16. 67 pages, $3.50.

MAY'S MANUAL OF THE DISEASES OF THE EYE—For Students and General Practitioners—Twenty-Second Edition—Revised and edited by Charles A. Perera, M.D., Associate Clinical Professor; College of Physicians and Surgeons, Columbia University. The Williams and Wilkins Company, Baltimore, 1957. 518 pages, $6.00.

ORTHOPEDICS FOR THE GENERAL PRACTITIONER—William E. Kenney, M.D., Orthopedic Surgeon, Truesdale Hospital; and Carroll B. Larson, M.D., F.A.C.S., Professor of Orthopedic Surgery and Chairman of Department of Orthopedic Surgery, State University of Iowa. The C. V. Mosby Company, St. Louis, 1957. 413 pages, $11.50.

PEDIATRIC ROENTGENOLOGY—Dr. M. A. Lassrich, Prof. Dr. R. Prévôt, Prof. Dr. K. H. Shäfer, Hamburg. Edited by Prof. Dr. K. H. Shäfer, Hamburg. Translation from the German provided by James T. Case, M.D., D.M.R.E. (Cambridge), Professor Emeritus, Radiology, Northwestern University Medical School, Chicago; Director, Memorial Cancer Foundation, Santa Barbara. Grune & Stratton, Inc., New York, 1957. 333 pages, 700 illustrations, $28.00.

PRACTICAL ELECTROCARDIOGRAPHY—Second Edition—Henry J. L. Marriott, M.D., Associate Professor of Medicine, University of Maryland. The Williams and Wilkins Company, Baltimore, 1957. 226 pages, $5.00.

ROOTS OF MODERN PSYCHIATRY—Essays in the History of Psychiatry—Mark D. Altschule, M.D., Grune & Stratton, Inc., New York, 1957. 184 pages, $5.75.

STEDMAN'S MEDICAL DICTIONARY—Nineteenth Revised Edition—Edited by Norman Burke Taylor, V.D., M.D., F.R.S.C., F.R.C.S. (Edin), F.R.C.P. (Can.), M.R.C.S. (Lon.), University of Western Ontario and formerly of the University of Toronto—In collaboration with Lieut. Col. Allen Ellsworth Taylor, D.S.O., M.A., Classical Editor. The Williams and Wilkins Company, Baltimore, 1957. 1656 pages, $12.50.

STORY OF PEPTIC ULCER, THE—Conceived by Richard D. Tonkin, M.D., F.R.C.P., Westminster Hospital, London; Characterized by Raymond Keith Hellier, F.R.S.A. W. B. Saunders Company, Philadelphia, 1957. 71 pages, $2.25.

SURGICAL TECHNIQUE and Principles of Operative Surgery—Sixth Edition, Thoroughly Revised—A. V. Partipilo, M.D., F.A.C.S., Clinical Professor of Surgery, The Stritch School of Medicine of Loyola University. Lea & Febiger, Philadelphia, 1957. 966 pages, 719 figures containing 1235 illustrations, 4 in color, $20.00.

TUMOR SURGERY OF THE HEAD AND NECK—Robert S. Pollack, M.D., F.A.C.S., Clinical Instructor in Surgery, Stanford University School of Medicine; Clinical Instructor in Surgery (Oncology), University of California School of Medicine; Assistant Chief of Surgery, Mount Zion Hospital. Lea & Febiger, Philadelphia, 1957. 101 pages, 112 illustrations, on 49 figures, $5.00.

YEAR BOOK OF OBSTETRICS AND GYNECOLOGY, THE—1957-1958 Series—Edited by J. P. Greenhill, B.S., M.D., F.A.C.S. The Year Book Publishers, Inc., 200 East Illinois Street, Chicago, 1957. 597 pages, $7.50.

Forty-five Medical Schools Teach Disaster Medicine

Forty-five American medical schools are now participating in a special program dealing with the problems of military and disaster medicine.

The program, Medical Education for National Defense (MEND), was started in 1952 with five pilot schools. It has steadily expanded and now includes more than 14,000 medical students in 45 schools.

According to an editorial in the medical education number (November 16) of the *Journal of the American Medical Association*, the program has had a "far more enthusiastic reception" in the medical schools than was expected.

It is serving a very real need: That of preparing medical students for military service and for meeting the medical needs in a disaster, the editorial said. However, it may face elimination within the next year because of the economy wave now being carried out in military establishments.

The cost of the program has been most reasonable, averaging $10,000 per school per year, or about $30 per student. Last year the total cost including the operation of a coordinator's office in Washington was $325,000 for 35 schools.

"It is difficult to see how a more economical program could be devised to meet what is surely a real need," the editorial said.

It may be very difficult to do a similar job at a later date, and in the event of sudden attack the lives of many people may depend upon the degree of preparation of physicians in this special field of defense medicine, it said.

The program is carried out in medical schools, under the supervision of the individual school in whatever manner the faculty sees fit. Annually MEND sponsors a series of symposiums at federal medical installations. It also conducts a tour for deans and coordinators of MEND-affiliated schools, designed to introduce them to current problems and trends in the federal services.

Activities in the medical schools include special lectures, conferences, and demonstrations in surgery of trauma, war wounds, radiobiology, defense measures of chemical and biological warfare, aviation medicine, and various other medical civil defense problems.

MEND is a function of the MEND program subcommittee of the Association of American Medical Colleges. It is endorsed by the A.M.A.'s councils on national defense and medical education and hospitals, and by medical officials of the Department of Defense, Army, Navy, Air Force, Public Health Service, and Federal Civil Defense Administration.